



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Drexdal Pratt  
Division Director

November 5, 2015

James Roskelly, Executive Vice President  
Cone Health  
1200 North Elm Street  
Greensboro, NC 27401-1020

**Exempt from Review**

**Record #:** 1783  
**Facility Name:** The Moses H. Cone Memorial Hospital  
**FID #:** 943494  
**Business Name:** Cone Health  
**Business #:** 1257  
**Project Description:** Renovate the Pediatric Unit at The Moses H. Cone Memorial Hospital  
**County:** Guilford

Dear Mr. Roskelly:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of November 2, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include, but are not limited to: (1) increases in



**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

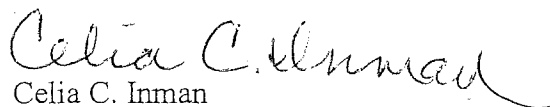
An Equal Opportunity/ Affirmative Action Employer



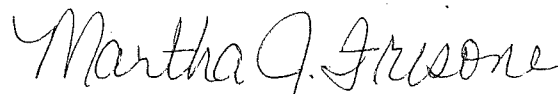
the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Celia C. Inman  
Project Analyst

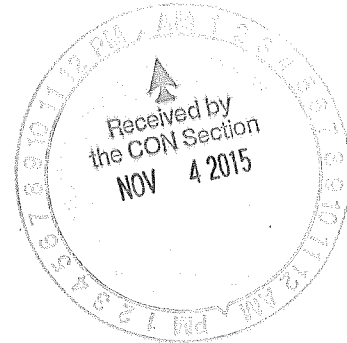


Martha J. Frisone, Assistant Chief  
Certificate of Need

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification, DHSR

November 2, 2015

Ms. Martha J. Frisone, Assistant Chief, Certificate of Need  
Ms. Celia C. Inman, Project Analyst, Certificate of Need  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704



Re: Exemption Request to Renovate the Pediatric Unit at The Moses H. Cone Memorial Hospital (Lic #: H0159, FID: 943494)

Dear Ms. Frisone and Ms. Inman,

As required under NCGS § 131E-184(g), I am writing to provide prior written notice of a project that is exempt from Certificate of Need review. Cone Health intends to renovate the existing pediatric intensive and acute care unit currently located on the sixth floor of The Moses H. Cone Memorial Hospital. We are modernizing this unit to provide exceptional care to our pediatric patients consistent with the experience in adult units at The Moses H. Cone Memorial Hospital.

This project satisfies the criteria in NCGS § 131E-184(g) and is therefore exempt from Certificate of Need review as follows:

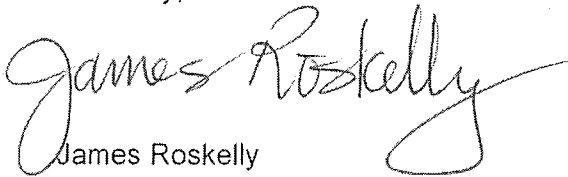
- (1) The sole purpose of the project is to renovate an existing unit in an existing health service facility that is located on the main campus. The Moses H. Cone Memorial Hospital is licensed as part of Cone Health (Lic # H0159, FID 943494). Please see *Attachment 1* for a copy of Cone Health's 2015 Hospital License. The Moses H. Cone Memorial Hospital is currently licensed for four (4) pediatric intensive care beds and twenty-one (21) pediatric acute care beds. Please see *Attachment 2* for relevant pages from Cone Health's 2015 Hospital License Renewal Application. At the end of this project, The Moses H. Cone Memorial Hospital will continue to be licensed for four (4) pediatric intensive care beds and twenty-one (21) pediatric acute care beds.
- (2) The capital expenditure for the renovation will not result in a change in bed capacity. During and after the renovation, the pediatric and adult licensed bed capacity for The Moses H. Cone Memorial Hospital in specific and Cone Health in total will remain unchanged.

- (3) The capital expenditure for the renovation will not result in the addition of a health service facility or any other new institutional health service. Additionally, the project does not include any major medical equipment as defined in NCGS § 131E-176(14o).
- (4) As shown in Attachment 2, The Moses H. Cone Memorial Hospital serves as the main campus for the licensed facility of Cone Health. The Moses H. Cone Memorial Hospital is located at 1200 N. Elm Street, Greensboro, NC 27401. Mickey Foster serves as President of The Moses H. Cone Memorial Hospital and Senior Vice President of Cone Health. In his role as President of The Moses H. Cone Memorial Hospital, he exercises administrative and financial control of the hospital. Mr. Foster's office is located in Suite 1M213 on the first (1<sup>st</sup>) floor of The Moses H. Cone Memorial Hospital.

The capital cost for this project is expected to be approximately \$3,700,000. Cone Health will fund this project from its accumulated reserves. Capital costs were calculated by Cone Health management in consultation with experts in architecture, engineering, medical equipment, and construction management.

I look forward to receiving written confirmation that this project is exempt from Certificate of Need review under NCGS § 131E-184(g). If you have any questions about this project, please contact me at (336) 832-8199.

Sincerely,



James Roskelly  
Executive Vice President  
Strategic Development

JR\ec

Enclosures

cc: Mickey Foster, President, The Moses H. Cone Memorial Hospital and SVP, Cone Health  
Cindy Farrand, President, Women's Hospital  
Ron Galloway, Director, Construction Management  
Candace Hughes, Department Director, Children's Acute and Intensive Care Unit  
Terrill Johnson Harris, Smith Moore Leatherwood

**Attachment 1**

**Cone Health 2015 Hospital License**

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 22, 2015, this license is issued to  
The Moses H. Cone Memorial Hosp Operating Corporation*

*to operate a hospital known as*

*Cone Health*

*located in Greensboro, North Carolina, Guilford County.*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

*Facility ID: 943494*

*License Number: H0159*

*Bed Capacity: 906*

*General Acute 777, Rehabilitation 49, Psych 80,*

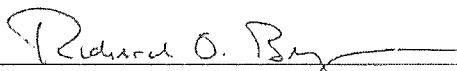
*Dedicated Inpatient Surgical Operating Rooms: 4*

*Dedicated Ambulatory Surgical Operating Rooms: 13*

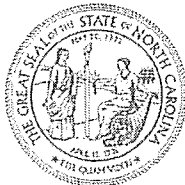
*Shared Surgical Operating Rooms: 37*

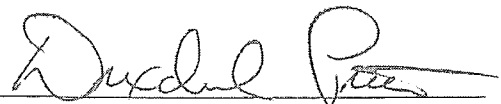
*Dedicated Endoscopy Rooms: 8*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services





Director, Division of Health Service Regulation

**Attachment 2**

**Cone Health 2015 Hospital License Renewal  
Application (selected pages)**

MAR 24 2015

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
1205 Umstead Drive, 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only  
License # H0159 Medicare # 340091  
FID #: 943494  
PC \_\_\_\_\_ Date \_\_\_\_\_

License Fee: \$17,137.50

**2015  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: The Moses H. Cone Memorial Hosp Operating Corporation  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As  
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Cone Health  
Other: The Moses H. Cone Memorial Hospital; Behavioral Health Hospital  
Other: Wesley Long Hospital/Women's Hospital

Facility Mailing Address: 1200 North Elm Street  
Greensboro, NC 27401-1020

Facility Site Address: 1200 North Elm St  
Greensboro, NC 27401-1020

County: Guilford  
Telephone: (336)832-7000  
Fax: (336)832-9503

Administrator/Director: Terrence B. Akin  
Title: CEO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Terrence B. Akin Title: CEO  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: James Roskelly Telephone: (336) 832-8199

E-Mail: jim.roskelly@conehealth.com

PAID  
CHK NO. 116773  
DATE 3-24-15  
\$17,137.50



All responses should pertain to October 1, 2013 through September 30, 2014

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**

[Please provide a Beds by Service (p. 5) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2014	Operational Beds as of September 30, 2014	Annual Census Inpt. Days of Care
<i>Campus</i> <u>The Moses H. Cone Memorial Hospital</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	16	16	4,235
c. Cardiovascular Surgery	16	16	4,057
d. Medical/Surgical	16	16	3,955
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric	4	4	360
g. Respiratory Pulmonary			
h. Other (List) Neuro/Trauma ICU	14	14	3,627
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	303	261	*** 62,985
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics	32	32	8,287
p. Pediatric	21	21	2,144
q. Other (List) Stepdown	46	46	8,099
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>468</b>	<b>426</b>	<b>97,749</b>
2. Comprehensive In-Patient Rehabilitation	49	49	9,358
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	19	0	0
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>536</b>	<b>475</b>	<b>107,107</b>

\* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

\*\* Per C.O.N. rule definition. Refer to Section 1400 entitled Neonatal Services. (10A NCAC 14C)

\*\*\* Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)